CARD 2
Which adults might require safeguarding?
Under the Care Act, safeguarding duties apply to any person aged 18 or over who:

– has care and support needs, and
– is experiencing or is at risk of abuse or neglect, and
– is unable to protect themselves because of their care and support needs.

Adults with care and support needs who may be at risk of abuse and neglect can include:

– an older person who is particularly frail
– someone with mental health needs including dementia or a personality disorder
– a person with a significant and impairing physical or sensory disability
– someone with a learning disability
– a person with a severe physical illness
– an unpaid carer who may be overburdened, under severe stress or isolated
– a homeless person
– someone who misuses substances or alcohol to the extent that it affects their ability to look after themselves
– someone living with a person who abuses substances or alcohol
– women who may be particularly in need because of isolating cultural factors.

This list is not exhaustive. The Care Act includes victims of modern slavery, domestic abuse and sexual exploitation. These are largely criminal matters and would require police involvement; they are discussed in more detail later in this toolkit.
People with care and support needs are not always at risk of abuse or neglect. Most adults receiving healthcare can look after their own interests and labelling them ‘vulnerable’ can be patronising and pejorative. Too much attention on the individual can lead to a failure to recognise that, as highlighted by the Francis report into the Mid-Staffordshire NHS Foundation Trust, systems can contribute to neglect and abuse.

All bodies involved in commissioning health services must make sure the services they commission are provided safely and to a high standard.

Throughout this toolkit, we emphasise the distinction between adults who have capacity to make decisions and those on whose behalf some decisions need to be made. Although adults lacking capacity to make decisions must be involved in decision-making as far as possible, the approach shifts to promoting their best interests in those decisions.

Sadly, more and more health professionals are becoming aware that their patients may be victims of financial abuse. This can be particularly important in assessments of capacity in relation to the transfer of decision-making authority to proxies such as attorneys. Where doctors have concerns about those acting under the authority of a lasting power of attorney, they can contact the Office of the Public Guardian.
Good practice example – identifying someone who may be at risk

Mrs Granger was a wealthy elderly lady living on her own in a large townhouse. She had no family or close friends and was supported by a paid carer. She visited her GP complaining that she was losing things and becoming slightly forgetful. After careful investigation, including discussion with colleagues, the GP diagnosed her as being in the initial stages of Alzheimer’s and at her next visit to the GP she became distressed. She had always been independent and had taken good care of her financial assets. The diagnosis had left her very concerned for the future. During the consultation her GP spent some time discussing options for the future, including the possibility of nominating a property and affairs attorney. Although Mrs Granger felt confident in looking after herself, they also discussed the possibility of social services support should the need arise.

Although the GP recognised that there were aspects of vulnerability, Mrs Granger clearly retained the right to make decisions about her life. They both decided that it would be in Mrs Granger’s interests for her to make quarterly appointments with the GP so they could review her needs on a reasonably regular basis.

Key points

– Personalised care is more important than labels – the focus must be on the needs of the individual and how to promote their independence and control.
– Adults who have the relevant decision-making capacity have the right to make decisions about their lives, even if it involves risk.
– Attention must be paid to systemic sources of risk.